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| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b>  |                                  |                                  |                                    |                                    |               | Application or Docket Number<br><b>10/501370</b> |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
|---|----------------------------------|----------------------------------|------------------------------------|------------------------------------|---------------|--|--|-------------|----------------------------------|----------------------------------|--|------------------------------------|---------------------------|---|-------|-----|--|---------------------------------|-----|----------------------------------|--------------|----|--|-------------|-----|--|--|---|---|--|--|---|-----------|---------------------|-----------|----------|-----|-----------|---------------------|-----|-----------------|-----|-----------|---------------------|-----|-----------------|-----|-----------|---------------------|-----|-----------------|-----|-------|------|-----------|-----------------|-----|-----|-----|-----|-----|-----|-----|-----|---|---|---|---|-----|-----|-----|-----|-------|------|
| Substitute for Form PTO-875   |                                  |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p><b>9/28/07 APPLICATION AS FILED - PART I</b></p> <p style="text-align: center;">(Column 1)                      (Column 2)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">FOR</th> <th style="width: 30%;">NUMBER FILED</th> <th style="width: 30%;">NUMBER EXTRA</th> </tr> </thead> <tbody> <tr> <td>BASIC FEE<br/>(37 CFR 1.16(a), (b), or (c))</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td>SEARCH FEE<br/>(37 CFR 1.16(k), (l), or (m))</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td>EXAMINATION FEE<br/>(37 CFR 1.16(o), (p), or (q))</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td>TOTAL CLAIMS<br/>(37 CFR 1.16(i))</td> <td style="text-align: center;">minus 20 = *</td> <td style="text-align: center;">RC</td> </tr> <tr> <td>INDEPENDENT CLAIMS<br/>(37 CFR 1.16(h))</td> <td style="text-align: center;">minus 3 = *</td> <td style="text-align: center;">RC</td> </tr> <tr> <td colspan="3">APPLICATION SIZE FEE<br/>(37 CFR 1.16(s))</td> </tr> <tr> <td colspan="3">If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</td> </tr> <tr> <td colspan="3">MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))</td> </tr> </tbody> </table> </div> <div style="width: 30%;"> <p style="text-align: center;">SMALL ENTITY                      OR                      OTHER THAN SMALL ENTITY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">RATE (\$)</th> <th style="width: 30%;">FEE (\$)</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">N/A</td><td style="text-align: center;">N/A</td></tr> <tr><td style="text-align: center;">N/A</td><td style="text-align: center;">N/A</td></tr> <tr><td style="text-align: center;">N/A</td><td style="text-align: center;">N/A</td></tr> <tr><td style="text-align: center;">N/A</td><td style="text-align: center;">N/A</td></tr> <tr><td style="text-align: center;">X</td><td style="text-align: center;">=</td></tr> <tr><td style="text-align: center;">X</td><td style="text-align: center;">=</td></tr> <tr><td style="text-align: center;">N/A</td><td style="text-align: center;">N/A</td></tr> <tr><td style="text-align: center;">N/A</td><td style="text-align: center;">N/A</td></tr> <tr><td style="text-align: center;">TOTAL</td><td style="text-align: center;">790.</td></tr> </tbody> </table> </div> <div style="width: 30%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">RATE (\$)</th> <th style="width: 30%;">FEE (\$)</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">N/A</td><td style="text-align: center;">N/A</td></tr> <tr><td style="text-align: center;">N/A</td><td style="text-align: center;">N/A</td></tr> <tr><td style="text-align: center;">N/A</td><td style="text-align: center;">N/A</td></tr> <tr><td style="text-align: center;">N/A</td><td style="text-align: center;">N/A</td></tr> <tr><td style="text-align: center;">X</td><td style="text-align: center;">=</td></tr> <tr><td style="text-align: center;">X</td><td style="text-align: center;">=</td></tr> <tr><td style="text-align: center;">N/A</td><td style="text-align: center;">N/A</td></tr> <tr><td style="text-align: center;">N/A</td><td style="text-align: center;">N/A</td></tr> <tr><td style="text-align: center;">TOTAL</td><td style="text-align: center;">790.</td></tr> </tbody> </table> </div> </div> |                                  |                                  |                                    |                                    |               |  |  | FOR         | NUMBER FILED                     | NUMBER EXTRA                     | BASIC FEE<br>(37 CFR 1.16(a), (b), or (c)) | N/A                                | N/A                       | SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m)) | N/A   | N/A | EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q)) | N/A                             | N/A | TOTAL CLAIMS<br>(37 CFR 1.16(i)) | minus 20 = * | RC | INDEPENDENT CLAIMS<br>(37 CFR 1.16(h)) | minus 3 = * | RC  | APPLICATION SIZE FEE<br>(37 CFR 1.16(s)) |  |   | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |  |  | MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))               |           |                     | RATE (\$) | FEE (\$) | N/A | N/A       | N/A                 | N/A | N/A             | N/A | N/A       | N/A                 | X   | =               | X   | =         | N/A                 | N/A | N/A             | N/A | TOTAL | 790. | RATE (\$) | FEE (\$)        | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | X | = | X | = | N/A | N/A | N/A | N/A | TOTAL | 790. |
| FOR   | NUMBER FILED                     | NUMBER EXTRA                     |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))  | N/A                              | N/A                              |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))   | N/A                              | N/A                              |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))  | N/A                              | N/A                              |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))  | minus 20 = *                     | RC                               |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))  | minus 3 = *                      | RC                               |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| APPLICATION SIZE FEE<br>(37 CFR 1.16(s))  |                                  |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).   |                                  |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))   |                                  |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| RATE (\$)   | FEE (\$)                         |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| N/A   | N/A                              |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| N/A   | N/A                              |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| N/A   | N/A                              |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| N/A   | N/A                              |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| X   | =                                |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| X   | =                                |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| N/A   | N/A                              |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| N/A   | N/A                              |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| TOTAL   | 790.                             |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| RATE (\$)   | FEE (\$)                         |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| N/A   | N/A                              |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| N/A   | N/A                              |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| N/A   | N/A                              |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| N/A   | N/A                              |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| X   | =                                |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| X   | =                                |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| N/A   | N/A                              |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| N/A   | N/A                              |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| TOTAL   | 790.                             |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| * If the difference in column 1 is less than zero, enter "0" in column 2.   |                                  |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| <b>APPLICATION AS AMENDED - PART II</b>   |                                  |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
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| AMENDMENT A   | 9/28/07                          | CLAIMS REMAINING AFTER AMENDMENT | MINUS                              | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| Total<br>(37 CFR 1.16(i))   | *                                | 15                               | Minus                              | ** 20                              | = -           |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| Independent<br>(37 CFR 1.16(h))   | *                                | 4                                | Minus                              | *** 4                              | = -           |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| Application Size Fee (37 CFR 1.16(s))   |                                  |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))   |                                  |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| RATE (\$)   | ADDITIONAL FEE (\$)              |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| X   | =                                |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| X   | =                                |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| N/A   | N/A                              |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| TOTAL ADD'L FEE   | N/A                              |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| RATE (\$)   | ADDITIONAL FEE (\$)              |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| X   | =                                |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| X   | =                                |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| N/A   | N/A                              |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| TOTAL ADD'L FEE   | N/A                              |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
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| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | MINUS                            | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA                      |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| Total<br>(37 CFR 1.16(i))   | *                                | Minus                            | **                                 | =                                  |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| Independent<br>(37 CFR 1.16(h))   | *                                | Minus                            | ***                                | =                                  |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| Application Size Fee (37 CFR 1.16(s))   |                                  |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))   |                                  |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| RATE (\$)   | ADDITIONAL FEE (\$)              |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| X   | =                                |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| X   | =                                |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| N/A   | N/A                              |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| TOTAL ADD'L FEE   | N/A                              |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| RATE (\$)   | ADDITIONAL FEE (\$)              |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| X   | =                                |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| X   | =                                |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| N/A   | N/A                              |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |
| TOTAL ADD'L FEE   | N/A                              |                                  |                                    |                                    |               |  |  |             |                                  |                                  |  |                                    |                           |   |       |     |  |                                 |     |                                  |              |    |  |             |     |  |  |   |   |  |  |   |           |                     |           |          |     |           |                     |     |                 |     |           |                     |     |                 |     |           |                     |     |                 |     |       |      |           |                 |     |     |     |     |     |     |     |     |   |   |   |   |     |     |     |     |       |      |

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